

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leila's Care Home Inc.	CHAPTER 100.1
Address: 1467 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: November 15, 2018

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED
19 JAN -9 P 1:08
STATE OF HAWAII
DOH-DHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 - No physical examination.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 is an alternate to my regular SCGs. SCG #1 Physical Examination was completed and up to date to current year as required by her job as a CNA for a Nursing Home but I filed it in different binder, separate from my PCG/regular SCG binder which was presented to RN during inspection. Attached is a copy of current PE form from the staff binder.</p> <p>I put a PE tab on the binder to identify completed PE form so it's easier to find during inspection.</p>	<p>11/16/18</p> <p>19 JAN -9 P1:11</p>

STATE OF HAWAII
DON CHAN
STATE LICENSING

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute care giver (SCG) #1 - No physical examination.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>SCG #1 is an alternate to my regular SCGs. SCG #1 Physical Examination was completed and up to date to current year as required by her job as a CNA for a Nursing Home but I filed it in different binder, separate from my PCG/regular SCG binder which was presented to RN during inspection. Attached is a copy of current PE form from the staff binder.</p> <p>I put a PE tab on the binder to identify completed PE form so it's easier to find during inspection.</p>	<p>11/16/18, ongoing</p> <p>19 JAN -9 P 1:11</p> <p>STATE OF HAWAII DOH - LIC STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 - No tuberculosis (TB) clearance.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 is an alternate to my regular SCGs. SCG #1 TB clearance is up-to-date as required by her fulltime job as a CNA for a Nursing Home.</p> <p>I obtained a copy of SCG #1's TB clearance and filed it staff/personnel binder. Copy for your reference is attached.</p>	<p>4-18-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 - No tuberculosis (TB) clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this doesn't happen again, I will obtain a copy of SCG #1's TB clearance annually on the renewal month of SCG #1's TB clearance.</p> <p>I have created a "staffing paperwork checklist" that contains due dates for each required staffing paperwork such as TB clearance, PE, CPR, First Aid to ensure that required staffing forms are up-to-date and filed correctly. The due date for SCG #1's TB clearance is documented in this checklist as a reminder for when SCG #1's TB clearance need to be obtained. See attached copy of form for reference.</p>	<p>4-18-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 - No current TB clearance when providing coverage during the primary care giver leave of absence from the home 3/30/18 to 4/2/18. No longer used as an SCG.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF OHIO
DEPARTMENT OF
STATE LICENSING

19 JAN -9 P 1:11

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #2 - No current TB clearance when providing coverage during the primary care giver leave of absence from the home 3/30/18 to 4/2/18. No longer used as an SCG.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Although SCG #2 is no longer used as an SCG. I will ensure that this doesn't happen again by obtaining a copy of all alternate SCGs' TB clearances prior to providing coverage and annually on the renewal months of the SCGs' TB clearance.</p> <p>I have created a "staffing paperwork checklist" that contains due dates for each required staffing paperwork such as TB clearance, PE, CPR, First Aid to ensure that required staffing forms are up-to-date and filed correctly. The due dates for SCGs' TB clearances will be documented in this checklist as a reminder for when the alternate SCGs' TB clearances need to be obtained. See attached copy of form for reference.</p>	<p>4-18-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 - No first aid certification.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 is an alternate to my regular SCGs. SCG #1 First Aid was up to date to current year as required by her job as a CNA for a Nursing Home but I filed it in different binder, separate from my PCG/regular SCG binder which was presented to RN for review during inspection. Attached is the copy of SCG# current first aid certification from the staff binder.</p> <p>I put a First Aid tab on the binder to identify First Aid form so it's easier to find during inspection.</p>	<p>11/16/18</p> <p>19 JAN -9 P1:11</p>

STATE OF HAWAII
DOH CIO
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #1 - No first aid certification.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Use tab as separator for each of the required paperwork for personnel and staffing requirements for easier identification during review and inspection. I have created a staffing checklist form to ensure that required staffing forms are up-to-date and filed correctly. This will also serve as a reminder for when First Aid and other required forms need to be obtained for PCG, SCGs, and alternate SCGs.</p>	<p>11/20/18, ongoing</p> <p>19 JAN -9 PM 1:11</p>

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 - No documentation of first aid certification when providing coverage during the primary care giver leave of absence from the home 3/30/18 to 4/2/18. No longer used as an SCG.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

19 JAN -9 P1:10

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> SCG #2 - No documentation of first aid certification when providing coverage during the primary care giver leave of absence from the home 3/30/18 to 4/2/18. No longer used as an SCG.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Although SCG #2 is no longer used as an SCG. I will ensure that this doesn't happen again by obtaining a copy of all alternate SCGs' First Aid Certification prior to providing coverage and annually on the renewal months of the SCGs' First Aid Certifications.</p> <p>I have created a "staffing paperwork checklist" that contains due dates for each required staffing paperwork such as First Aid Certification, TB clearance, PE, and CPR to ensure that required staffing forms are up-to-date and filed correctly. The due dates for SCGs' First Aid Certification will be documented in this checklist as a reminder for when the alternate SCGs' First Aid Certifications need to be obtained. See attached copy of form for reference.</p>	<p>4-18-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 - No cardiopulmonary resuscitation certification.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #1 is an alternate to my regular SCGs. SCG #1 CPR was up to date to current year as required by her job as a CNA for a Nursing Home but I filed it in different binder, separate from my PCG/regular SCG binder which was presented to RN for review during on-site inspection. Attached is copy of SCG #1 CPR certification</p> <p>I put a CPR tab on the binder to identify SCG CPR form so it's easier to find during inspection.</p>	<p style="text-align: right;">11/16/18</p> <p style="text-align: right;">19 JAN -9 P1:10</p> <p style="text-align: right;">STATE OF ILLINOIS BOOTHDA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 - No cardiopulmonary resuscitation certification.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Use tab as separator for each of the required paperwork for personnel and staffing requirements for easier identification during review and inspection. I have created a staffing checklist form to ensure that required staffing forms are up-to-date and filed correctly. This will also serve as a reminder for when CPR certification and other required forms need to be obtained for PCG, SCGs, and alternate SCGs.</p>	<p>11/20/18, ongoing</p> <p>19 JAN -9 P 1:10</p> <p>STATE OF HAWAII DOH - DASH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 - No documentation of cardiopulmonary resuscitation certification when providing coverage during the primary care giver leave of absence from the home 3/30/18 to 4/2/18. No longer used as an SCG.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF MONTANA
DOH-606A
STATE LICENSING

19 JAN -9 P 1:10

1/10/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #2 - No documentation of cardiopulmonary resuscitation certification when providing coverage during the primary care giver leave of absence from the home 3/30/18 to 4/2/18. No longer used as an SCG.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Although SCG #2 is no longer used as an SCG. I will ensure that this doesn't happen again by obtaining a copy of all alternate SCGs' CPR Certification forms prior to providing coverage and annually on the renewal months of the SCGs' CPR Certifications.</p> <p>I have created a "staffing paperwork checklist" that contains due dates for each required staffing paperwork such as CPR Certification, First Aid Certification, TB clearance, and PE to ensure that required staffing forms are up-to-date and filed correctly. The due dates for SCGs' CPR Certifications will be documented in this checklist as a reminder for when the alternate SCGs' CPR Certifications need to be obtained. See attached copy of form for reference.</p>	<p>4-18-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - No physician order for "Miralax 3350 pdr 17 gms po daily mixed with 8 oz fluid prn." The medication on hand had a pharmacy label.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I went to Dr. Nagashi to Clarify the Miralax powder 3350 17gm in 8 oz of water daily PRN on 6/17/19.</p>	6/24/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 - No physician order for "Miralax 3350 pdr 17 gms po daily mixed with 8 oz fluid prn." The medication on hand had a pharmacy label.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Review medication orders before you leave the dr. office. 2. If med. not on the list add the missing med. on the list. 3. Let the dr. sign the medication that was added to the list. 4. If I notice a medication was not updated when I get home 5. I will call and obtain a telephone order write the order on the office visit form. I will go 6. I will have dr. sign the telephone order the next office visit. 	6/24/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - "Acetaminophen 500 mg take 1-2 tabs po every 4 hours as needed for pain" ordered 6/13/18, 7/31/18, 9/10/18; however, was not recorded on the medication record July 2018 to November 2018.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF ILLINOIS
DOH-IRCA
STATE LICENSING

19 JAN -9 P 1 10

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 - "Acetaminophen 500 mg take 1-2 tabs po every 4 hours as needed for pain" ordered 6/13/18, 7/31/18, 9/10/18; however, was not recorded on the medication record July 2018 to November 2018.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Resident #1 only needed Acetaminophen 500 mg on 6/10/18 to 6/24/18 for pain. I didn't give resident #1 Acetaminophen 500 mg after 6/24/18 because resident didn't want Acetaminophen as she was no longer complaining of pain. The orders on 7/31/18 and 9/10/18 were routine prn refills when resident was brought to MD for routine follow up but resident did not use this prn medication.</p> <p>To ensure that this doesn't happen again, I will make sure to record PRN medications in the MAR.</p>	<p>4/18/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "Acetaminophen 500 mg take 1-2 tabs po every 4 hours as needed for pain" ordered 6/8/18; the medication record did not indicate the number of tablets taken from 6/10/18 to 6/24/18.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF MARYLAND
DEPARTMENT OF
STATE LICENSING

19 JAN -9 P 1 :10

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - "Acetaminophen 500 mg take 1-2 tabs po every 4 hours as needed for pain" ordered 6/8/18; the medication record did not indicate the number of tablets taken from 6/10/18 to 6/24/18.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I documented the times I gave the medicine and how many tablets were given in the progress notes but forgot to include how many tablets in the MAR. I will make sure to include number of tablets given on the MAR and not just on the PCG progress notes.</p>	<p>11/16/18, ongoing</p>

STATE OF IDAHO
DEPARTMENT OF
STATE LICENSING

19 JAN -9 P 1:10

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Progress notes for 3/27/18, 4/1/18 and 4/2/18 reflected that "Ensure" was taken by the resident; however, not recorded on the medication record.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF IDAHO
DOH-DICA
STATE LICENSING

19 JAN -9 P 10

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Progress notes for 3/27/18, 4/1/18 and 4/2/18 reflected that "Ensure" was taken by the resident; however, not recorded on the medication record.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I documented in the PCG progress notes that client took Ensure but I forgot to mark in the MAR. I will make sure to document both MAR and PCG progress notes.</p>	<p>11/16/18, ongoing</p>

STATE OF HAWAII
DOH-DHQA
STATE LICENSING

19 JAN -9 P1:09

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 - No admission height measurement taken and recorded.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident's height was recorded on Physical Examination form which was completed by MD prior to admission to this facility. I entered the height in the admission. The resident's height is now documented on the admission form.</p>	<p>11/16/18</p> <p>19 JAN -9 P1:09</p> <p>STATE OF MICHIGAN DOH-BLCA STATE LICENSING</p>

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 - No admission height measurement taken and recorded.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Resident #1's height was recorded on Physical Examination form which was completed by MD prior to admission to this facility.</p> <p>To ensure that this doesn't happen again, I will make sure to transfer resident's height information from resident's physical exam form into the admission form to make sure that height is recorded on the admission form.</p>	<p>4/18/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 - No annual reevaluation for TB.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>TB test appointment was set for 11/16/18 due to MD was on vacation. TB test was done on 11/16/18.</p>	<p>11/16/18</p>

STANDARD
CORRECTION
11/16/18

19 JAN -9 P1:09

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 - No annual reevaluation for TB.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this doesn't happen again, I will set an appointment with Resident #1's MD for TB test to be done at least 2 months prior to its due date. I will use the "resident paperwork checklist) to document due dates for PE, TB clearance. Copy attached for your reference.</p>	<p>4/18/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect changes in resident condition prior to physician office visit on 3/28/18 for poor appetite, coughing and congestion. The progress notes read "See PCP progress notes for details."</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF MI
JAN 9 2019
19 JAN -9 P1:09

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect changes in resident condition prior to physician office visit on 3/28/18 for poor appetite, coughing and congestion. The progress notes read "See PCP progress notes for details."</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Client's poor appetite, coughing and congestion started on 3/27/18 as noted in my progress note. I brought client to Dr Nagoshi for check-up the next day 3/28/18. I will document in detail changes in client's condition in the progress note. I will still bring client to MD as soon as I notice any changes on the same day or by the next day.</p>	<p>11/16/18, ongoing</p>

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
CITIZENSHIP DIVISION

19 JUN-9 P1 09

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • The resident receives "Ensure" supplement half can twice daily. • The resident is able to self-feed most of her meal but occasionally needs assistance to complete her meal. • Ambulates to the bathroom with the walker with assistance. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Since the doctor's order is for Ensure 1 can daily prn, I made sure that client received the 1 can Ensure in one day. Since client does not care for Ensure, she would not drink 1 whole can in one sitting, I made sure to offer in smaller portions multiple times a day until the whole can is gone. In my progress notes, I mentioned about client is a small eater and takes long time to finish her meal. In the client's DAILY activity record and PCG monthly progress notes, I documented that client uses walker for ambulation and needs assistance for ADLs. Following the inspection, I included in my documentation how much of the can client drank each time I give her the Ensure, any assistance that was provided to client such as reminding her to eat her food and if client ambulated to the bathroom with walker with assistance or not.</p>	<p>11/16/18</p> <p>19 JAN -9 6:09 PM</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect the following:</p> <ul style="list-style-type: none"> • The resident receives "Ensure" supplement half can twice daily. • The resident is able to self-feed most of her meal but occasionally needs assistance to complete her meal. • Ambulates to the bathroom with the walker with assistance. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure to include in my progress notes how much of the can of Ensure client drank each time I give her the Ensure, any assistance that was provided to client such as reminding her to eat her food and if client ambulated to the bathroom with walker with assistance or not.</p>	<p>11/16/18, ongoing</p>

STATE OF CONNECTICUT
DEPARTMENT OF
CORRECTIONS

19 JAN -9 P 1:09

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect that on 6/9/18 the resident returned to the ARCH, following a visit to the emergency room, with staples to the left forehead and a dressing. There was no documentation of swelling, complaints of pain, need for and response to pain medication.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

STATE OF
DOJ
STATE POLICE

19 JAN -9 P1:09

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 - Progress notes did not reflect that on 6/9/18 the resident returned to the ARCH, following a visit to the emergency room, with staples to the left forehead and a dressing. There was no documentation of swelling, complaints of pain, need for and response to pain medication.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the June monthly PCG progress note, I documented that client had no pain after taking Tylenol 2 tabs 3 times a day with last dose of Tylenol on 6/24/18 and did not have any problems or adverse reactions to the Tylenol. I brought client to the ER and I was with client at the ER for the duration of the ER visit and took her home via care home handi-van but forgot to document in the PCG progress note that I took client home with me after the ER visit. I will document in the PCG progress notes for swelling, complaints of pain, need for and response to pain medication every time I give prn Tylenol and also document that client returned to care home after ER visit.</p>	<p>11/16/18, ongoing</p> <p>19 JAN -9 P 1:08</p> <p>STATE ARCHIVES STANDARD</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 - Incident reports for 11/7/18 and 10/27/18 were in the resident record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The incident reports to 11/7/18 and 10/27/18 were transferred from the client's chart to the Incident Binder.</p>	<p style="text-align: center;">11/16/18</p> <p style="text-align: right;">19 JAN -9 P1:08</p>

STATE OF MICHIGAN
 DEPARTMENT OF
 STATE LICENSING

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 - Incident reports for 11/7/18 and 10/27/18 were in the resident record.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make sure that all incident reports will be filed in the Incident Reports Binder.</p>	<p>11/16/18, ongoing</p>

STATE OF CALIFORNIA
 DEPARTMENT OF
 STATE LICENSING

19 JAN -9 P1:08

P1:08

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 - The physician was not notified of significant weight loss (11.9 lbs) - October 2018 weight = 75.1 lbs, November 2018 weight = 63.2 lbs.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The weight was recorded in error. During inspection, I re-weighed client at 66.3 lbs but client was unstable on the scale. I re-weighed client again with the same weight. The client's weight on 11/16/18 at MD office was 72.2 lbs. There is 2.9 lbs weight loss between October (75.1 lbs) and November (72.2 lbs) weight which is not significant. I corrected the weight in the monthly vitals sheet to reflect the correct weight of 72.2 lbs. December weight is 74.4 lbs</p>	<p>11/15/18, 11/16/18</p> <p>19 JAN -9 P 1:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><u>FINDINGS</u> Resident #1 - The physician was not notified of significant weight loss (11.9 lbs) - October 2018 weight = 75.1 lbs, November 2018 weight = 63.2 lbs.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will re-weigh clients if weight difference of current month from previous month is ± 5 lbs and notify client's MD and my consultant dietitian to have client evaluated.</p>	<p>11/16/18, ongoing</p>

STATE OF OHIO
DOH-3123
STATE LICENSING

19 JAN -9 P 1:08

11/16/18

Licensee's/Administrator's Signature: Josephine J. Cabalo
Print Name: Josephine J. Cabalo
Date: 1-7-2019

Licensee's/Administrator's Signature: Josephine J. Cabalo
Print Name: Josephine J. Cabalo
Date: 4-18-19

Licensee's/Administrator's Signature: Josephine J. Cabalo
Print Name: Josephine J. Cabalo
Date: 6-24-19